

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re the application of

Joseph Zeck et al.

Serial No: 10/040,728

Filed: December 29, 2001

For: PORTABLE LOCATOR INCLUDING
A GROUND MARKING ARRANGEMENT

Examiner: Eric B. Fuller

Art Unit: 1762

Attorney Docket: DCI-P19C

Date: November 13, 2003

CERTIFICATE OF FAXING I hereby certify that this correspondence is being faxed to: Commissioner of Patents, Art Unit 1762, fax number 703-872-9308 on November 13, 2003.

Signed: _____

Jay R. Beyer

ASSISTANT COMMISSIONER OF PATENTS
Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.


- ☒ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established
No additional fee is required.
- ☒ Postcard included

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	NON- SMALL ENTITY		
	Claims Remaining		Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	*32	Minus	**38	0	x 9	\$ 0	x 18	\$
Indep. Claims	*5	Minus	***5	0	x 42	\$	x 84	\$
First Presentation of Multiple Dependent Claim(s)					+140	\$	+280	\$
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.					Total	\$ 0	Total	\$

- ☒ Applicant(s) hereby Petition(s) for an Extension of Time of 2 month(s) pursuant to 37 C.F.R. § 1.136(a).
- ☒ Please charge my Deposit Account No. 19-1685 (Order No. DCI-19C) the amount of \$ 210 to cover the extension of time fee. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1685 (Order No. DCI-19C) (a duplicate copy of this sheet is enclosed):
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
- ☒ Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,


Jay R Beyer
Registration No. 39,907

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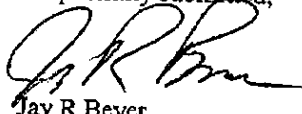
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First Presentation of Multiple Dependent Claim(s)				+140	\$
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.				Total	\$ 0
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.					
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.					
				x 18	\$
				x 84	\$
				+280	\$
				Total	\$

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Signed: 

Jay R Beyer

AMENDMENT D AFTER FINAL

Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313

Dear Sir:

The following remarks are intended as a full and complete response to the Advisory Office Action dated
(mailed) October 20, 2003.

DCI-P019C

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USSN 10/040,728